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## BIB DATA SHEET

CONFIRMATION NO. 2552

| SERIAL NUMBER   | FILING or 371(c)<br>DATE<br>RULE  | CLASS  | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO.       |                           |                                 |
|---|---|--|--|------------------------------|---------------------------|---------------------------------|
| 10/642,372  | 08/15/2003  | 623  | 3774   | PA-5213-CIP2                 |                           |                                 |
| <b>APPLICANTS</b><br>Dusan Pavcnik, Portland, OR;<br>Thomas A. Osborne, Bloomington, IN;<br>Brian C. Case, Bloomington, IN;<br>Jacob A. Flagle, Bloomington, IN;<br>Michael L. Garrison, Bloomington, IN;<br>Andrew K. Hoffa, Bloomington, IN;<br>Raymond B. Leonard II, Bloomington, IN;<br>Darin G. Schaeffer, Bloomington, IN;<br>Richard B. Siskin, West Lafayette, IN; |   |  |  |                              |                           |                                 |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/403,783 08/15/2002<br>and is a CIP of 09/777,091 02/05/2001 PAT 7,452,371  |   |  |  |                              |                           |                                 |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |  |  |                              |                           |                                 |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>12/13/2003  |   |  |  |                              |                           |                                 |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/JAVIER G BLANCO/</u><br>Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>JB<br>Initials | STATE OR<br>COUNTRY<br><br>OR                                | SHEETS<br>DRAWINGS<br><br>31 | TOTAL<br>CLAIMS<br><br>39 | INDEPENDENT<br>CLAIMS<br><br>15 |
| <b>ADDRESS</b><br>COOK GROUP PATENT OFFICE<br>P.O. BOX 2269<br>BLOOMINGTON, IN 47402  |   |  |  |                              |                           |                                 |
| <b>TITLE</b><br>Implantable vascular device   |   |  |  |                              |                           |                                 |
| <b>FILING FEE<br/>RECEIVED</b><br>2230  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |                              |                           |                                 |
|   |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                              |                           |                                 |
|   |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                              |                           |                                 |
|   |   |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                              |                           |                                 |
|   |   |  | <input type="checkbox"/> Other _____                         |                              |                           |                                 |
| <input type="checkbox"/> Credit   |   |  |  |                              |                           |                                 |